

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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31	1					
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34	1					
35	1					
36	1					
37		2				
38		3				
39		3				
40		3				
41		3				
42		3				
43		3				
44		3				
45		3				
46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52		3				
53	1	2				
54	1					
55		1				
56		1				
57		1	4			
58		1				
59		1				
60		1				
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TOTAL DEP.						
TOTAL CLAIMS						